



## SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER NEW DISPOSAL SITE APPLICATION FORM

(complete one form for EACH new disposal site)

<b>Section 1</b>			
<b>APPLICANT INFORMATION (Please Print)</b>			
Applicant full legal name: (ARM 17.50.803(1)(a))	Name of Business/Organization as filed or registered with the Montana Secretary of State office: (ARM 17.50.803(1)(a))	DEQ License Number: _____  <b>OR</b> New Applicant _____	
	Business Federal Tax ID Number:(enter in box above)		
Physical Business Address:	City:	State:	Zip:
Mailing Address (if different from physical business address):	City:	State:	Zip:
County:	Phone Number:	Fax Number:	
Location of Business Operation Records: (if the location of operation records changes <u>during</u> the license year, you must provide notification in writing to DEQ)			
<b>Section 2</b>			
<b>DISPOSAL SITE INFORMATION (Complete as applicable – use one form for EACH site)</b>			
Disposal Site Type: (Check one)	<input type="checkbox"/> Land Application Site (complete Section 3)	<input type="checkbox"/> Septage Processor or Composter (complete Section 4)	
	<input type="checkbox"/> Wastewater Treatment Facility (complete Section 4)	<input type="checkbox"/> Licensed Class II Landfill (complete Section 4)	
Waste Category: (Check all that apply and provide an estimate of the proposed waste volume for each applicable category)	<input type="checkbox"/> Septage <i>Estimated total gallons septage during license year:</i>	<input type="checkbox"/> Sump Pumpings (specify type below) Automatic Car Wash Bay Sump <input type="checkbox"/> Attended Car Wash Bay Sump <input type="checkbox"/> Unattended Car Wash Bay Sump <input type="checkbox"/> Other Sump <input type="checkbox"/> (specify type) _____  <i>Estimated total gallons sump pumpings during license year:</i>	
	<input type="checkbox"/> Portable toilet/Vault toilet type waste <i>Estimated total gallons portable toilet/vault toilet type waste during license year:</i>		
	<input type="checkbox"/> Grease Trap Waste <i>Estimated total gallons grease trap wastes during license year:</i>		

For Department Use Only

Complete/Incomplete:	EA comp./rev.:	AREV/XL update:
Incomplete app. return date:	EA posted:	Site approval letter req'd
Req.info recv'd date:	EA to IP:	Site approval letter date:

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## Section 3

### LAND APPLICATION SITE INFORMATION (Complete ALL of Section 3 for Land Application sites)

Property Owner Full Legal Name: (ARM 17.50.803(5)(a))		Property Owner Business/Organization Name as filed or registered with the Montana Secretary of State office: (ARM 17.50.803(5)(a))	
Property Owner Phone Number:		Property Owner FEDERAL TAX ID #: (Required if property owner is a business)	
Property Owner Mailing Address:	City:	State:	Zip:
Site Physical Address:	City:	State:	Zip:
Directions to Site:			
Legal Description of Site: (to nearest 1/4 section) /4	Section:	Township:	Range:
	County:		
Number of acres available for land application:	Type of Crop:	Estimated Depth to Ground Water:	
Number of acres proposed for land application during license year:	Crop Nitrogen Requirement: (pounds per acre per year --- lbs N/acre/yr)	Source of Ground Water Information:	
Soil Type:	Present use of adjacent lands:	Approximate Slope:	
Distance to nearest building:	Distance to closest surface water:	Is site zoned:  (If yes, list Zone. Zoning/Planning Officer signature required for zoned areas)	
<b>YES      NO</b> (answer Yes or No to the following questions)			
<input type="checkbox"/> <input type="checkbox"/> Is the site located outside the 100-year floodplain?			
<input type="checkbox"/> <input type="checkbox"/> Is public access to the site restricted?			
<input type="checkbox"/> <input type="checkbox"/> Is animal grazing on the site restricted?			
<input type="checkbox"/> <input type="checkbox"/> Is crop harvesting from the site restricted?			
<input type="checkbox"/> <input type="checkbox"/> Are public roads located further than 100-ft of the property boundary?			
<input type="checkbox"/> <input type="checkbox"/> Are water wells located further than 100-ft of the property boundary?			
<input type="checkbox"/> <b>LAND APPLICATION OPERATION AND MAINTENANCE PLAN</b> An operation and maintenance plan <b>MUST BE INCLUDED</b> that provides provisions for <b>EACH</b> of the following items: <b>(a)</b> Site access controls; <b>(b)</b> Types and sources of wastes; <b>(c)</b> Vector attraction, pathogen reduction measures; <b>(d)</b> Applicable animal grazing and crop harvesting restrictions; and, <b>(e)</b> List of equipment available for managing each type of waste.			
<input type="checkbox"/> <b>MAP</b> A sketch or map <b>MUST BE INCLUDED</b> that provides the following: (a) Property lines and boundary lines of : (i)        acreage available for land application, and (ii)      the acreage proposed for use during the license year; <b>and</b> (b) All roads, homes, buildings, water wells, surface waters, canyons, ravines, and floodplains within 500 feet of the property boundary			
<input type="checkbox"/> <b>PROPERTY OWNER SIGNATURE/CERTIFICATION</b>  I, _____, hereby certify that I am the Property Owner or Designated Representative of the Property Owner ( <b>CIRCLE ONE</b> ) of the proposed disposal location and the applicant has my permission to use the site. By signing this form, I further certify that the applicant has provided me notification of the restrictions for crop harvesting and animal grazing following the land application of septage on the property.  SIGNATURE: _____ DATE: _____ TITLE: _____			

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**Section 4****INFORMATION FOR DISPOSAL AT:****WASTEWATER TREATMENT FACILITY, SEPTAGE PROCESSOR, COMPOSTER, OR CLASS II LANDFILL**

Facility Name: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facility Mailing Address/Location: \_\_\_\_\_  
\_\_\_\_\_**WASTE TREATMENT FACILITY MANAGER SIGNATURE**

I, \_\_\_\_\_, hereby certify that I am the Facility Operator, or Designated Representative of the Facility Owner or Operator (***CIRCLE ONE***) of the proposed disposal location and the applicant has my permission to use the site.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Section 5****CERTIFICATIONS****APPLICANT CERTIFICATION**

I \_\_\_\_\_, have completed this application for a specific disposal site. I hereby declare that the information provided is true and correct to the best of my knowledge, and that I have made reasonable inquiries where necessary to confirm such information.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**HEALTH OFFICER CERTIFICATION**

I, \_\_\_\_\_ am the Health Officer or Designated Representative of the County. I certify that this disposal site meets the physical requirements of Montana laws and rules governing septage disposal, and any applicable local health requirements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**ZONING CERTIFICATION (if required)**

I, \_\_\_\_\_, an official with knowledge of the zoning district covering the proposed disposal location, certify that the use of the site is in conformance with local zoning regulations.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_